


**International Recovery and Citizenship Conference**



**CREATING CULTURES OF  
TRAUMA-INFORMED  
AND  
GENDER-RESPONSIVE CARE**

**MAY 13, 2015**

Colette Anderson, LCSW  
The Connecticut Women's Consortium

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**Speakers**

- ❖ Colette Anderson, LCSW, The Connecticut Women's Consortium
- ❖ Julianne Giard, LCSW, Department of Mental Health & Addiction Services
- ❖ Justin Williams
- ❖ Carl Bordeaux, Veteran Affairs -West Haven
- ❖ Carlos Correa

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**Culture and Trauma**

What is the relationship between culture, your agency and trauma?

- What are the cultural backgrounds of staff and clients?
- What values do people hold that may be a barrier to help?
- What is the gender, age and makeup of clients? Versus staff
- What lifestyles may contribute to trauma, risky behavior, abuse, mental health, violence or addiction?
- What crisis's, disasters, or traumas has the agency or community experienced?
- How are people welcomed when they seek help at this agency or referral agencies?

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## Where we started in Connecticut

- Recovery-Oriented System of Care
- Person-Centered Care
- Culturally-Competent
- Gender-Responsive Care
- Trauma-Informed & Trauma-Specific Services


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## DMHAS Trauma Policy for CT in 2010

- Trauma sensitivity shall be a governing principle of DMHAS.
- Services within this system must meet the needs of individuals who have experienced trauma by establishing an environment that is safe, protects privacy and confidentiality, and eliminates the potential for re-victimization.
- Promote recovery by understanding trauma and its effects on individuals and their families.
- Providers shall be sensitive and respectful towards individuals while encouraging autonomy and hope.
- Individuals strengths will be a major focus in guiding individuals with a history of trauma towards recovery.

*Trauma Policy on DMHAS website [www.ct.gov/dmhas/cwp/view.asp?id=335292](http://www.ct.gov/dmhas/cwp/view.asp?id=335292)*


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## Trauma Matters Newsletter

In 2002, the Connecticut Women's Consortium (CWC) and DMHAS began a quarterly publication to promote trauma-informed care.



Past issues are available on the [www.womensconsortium.org](http://www.womensconsortium.org) website.


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## Trauma: No More Secrets

The Connecticut Department of Mental Health and Addiction Services (DMHAS) produced the video "Trauma: No More Secrets" which highlights:

- The lives of four women who have experienced trauma
- Their experiences with the substance abuse and mental health systems
- Our first training on trauma with a personal perspective



The video can be found on the DMHAS website at <http://www.ct.gov/dmhas/cwp/view.asp?q=438222>

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## Men and Trauma

Department of Mental Health and Addiction Services created the video "Men and Trauma" for the Connecticut Trauma and Gender Practice Improvement Collaborative which highlights:

- The lives of three men with lived experience and Dr. Charles Atkins
- Experiences specific to men and trauma



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## Posttraumatic Stress Disorder- Diagnostic and Statistical Manual of Mental Disorders 5

"Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

(cont.)

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### DSM 5 -Definition of PTSD (cont.)

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).



(Diagnostic and Statistical Manual (DSM 5), American Psychiatric Association, 2013)

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### Why Trauma is a Problem

- Trauma can be caused by violence, hate crimes, sexual abuse, and other events
- 50% of women and 60% of men encounter at least one trauma in their lives
- High rates of trauma are often linked with an increase of substance use, mental health problems, disease, violence, abuse, and suicide
- High rates of trauma are reported at places that provide help and services such as substance abuse and mental health

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### The Adverse Childhood Experience Study (ACE Score)

- A large epidemiological study involving more than 17,000 individuals in the U.S.
- It analyzed the long-term effects of childhood and adolescent traumatic experiences on adult risk, mental health, healthcare costs, and life expectancy
- The higher the ACEs score the higher number of chronic health conditions
- What is your ACE Score?

Trauma Matters Newsletter Spring 2013 with a feature on ACEs can be found at [www.womensconsortium.org/trauma\\_matters\\_newsletter.cfm](http://www.womensconsortium.org/trauma_matters_newsletter.cfm)

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## Reactions and Effects of living with Trauma

Numbness	Sleep Problems	Generalizing triggers
Anxiety or severe fear	Avoidance	Suicide
Guilt	Emotional	Loss of Purpose
Anger	Detachment	Despair about humanity
Sadness	Argumentative	Disruption of beliefs
Helplessness	Substance Use	Intense use of prayer
Disorientation	High Risk Behavior	Lowered resistance to colds and infection
Denial	Mood Swings	Long-term health effects such as liver, autoimmune problems
Feeling overwhelmed	Depression	
Difficulty focusing	Appetite problems	
Distortion of time	Hyperarousal	
Memory Problems	Flashbacks	
Restlessness	Replaying the event	


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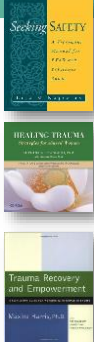
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## Trauma-Specific Services

- There are several trauma-specific treatment models designed for clinicians and therapists
- Before starting services, review the research, program, content, and activities of the models
- It is essential that the clients wants and needs be considered regarding which models is used
- There are curricula that do not specifically treat trauma but may help with substance use, mental health and other issues and include education on trauma we call these trauma-informed


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## Examples of Trauma-Specific Models

<b>Seeking Safety</b> by Lisa Najavits	<b>Trauma Recovery and Empowerment Model (TREM)</b> by Maxine Harris	<b>Trauma Affect Regulation: Guide for Education and Therapy (TARGET)</b> by Julian Ford
<b>M-TREM</b> by Roger Fallot	<b>Beyond Trauma</b> by Stephanie Covington	<b>Eye Movement Desensitization and Reprocessing Therapy (EMDR)</b> by Francine Shapiro


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## Ongoing Training and Support

Many of these models became part of the biannual training catalog of the Connecticut Women's Consortium (CWC). The CWC located in Hamden educates on trauma and gender through training and projects. Their audience includes men and women, state agencies, nonprofits, clinicians, social workers, teachers, students, and others interested in mental health, addiction and behavioral health care.



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## Becoming Trauma-Informed

- A **trauma-informed** agency incorporates knowledge and education about the impact of trauma into its culture and is more than just offering services, counseling or treatment
- Being mindful of trauma histories and minimizing re-traumatization is an important part of providing services
- Some communities, hospitals, and schools have trauma-informed practices

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## Why We Need Trauma-Informed Care Triggers and Re-traumatization

- Being disrespectful or discounting abuse and traumatic events
- Labeling intense rage and other feelings as pathological or crazy
- Being insensitive to physical or emotional boundaries
- Changing schedules and disrupting relationships without notification
- Poorly developed space- non-private rooms during trauma discussions
- Rigid rules and policies or inconsistently enforcing rules

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## Everyone Can Practice Trauma-Informed Care

All staff can recognize trauma whether or not they provide trauma services. A trauma informed agency:

- Incorporates knowledge about trauma in all aspects of service delivery and practice
- Enables healing, recovery, empowerment
- Is welcoming and engaging for survivors
- Minimizes re-traumatization
- Emphasizes collaboration, choice, and feedback
- Recognizes effects of working with trauma victims on staff members and provides means to prevent and/or mitigate these effects

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## A Culture Shift: The Core Values of a Trauma-Informed System of Care

Safety	Trustworthiness	Choice	Collaboration	Empowerment
Ensuring physical and emotional safety	Making tasks clear and maintaining appropriate boundaries	Prioritizing choice and control	Maximizing collaboration and sharing of power	Prioritizing empowerment and skill-building

*from Roger Fallot, PhD and Maxine Harris, PhD, Community Connections, Inc.*

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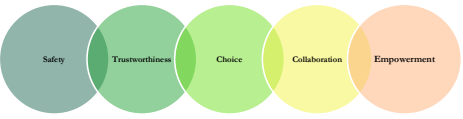
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## A Culture Shift: Changes in Understanding and Practice

- ❖ Think differently as a prelude to acting differently
- ❖ Thinking differently initiates and sustains changes in practice and setting
- ❖ Acting differently reinforces and clarifies changes in understanding



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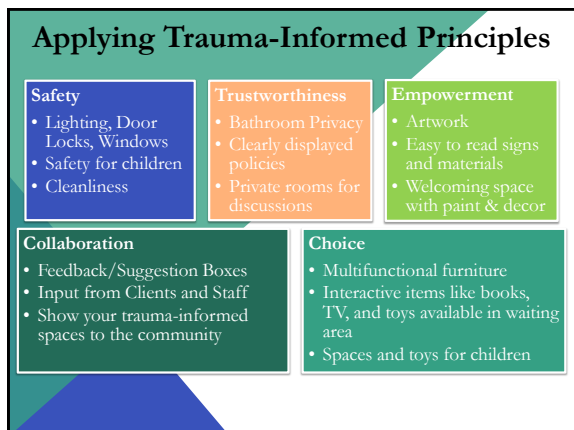
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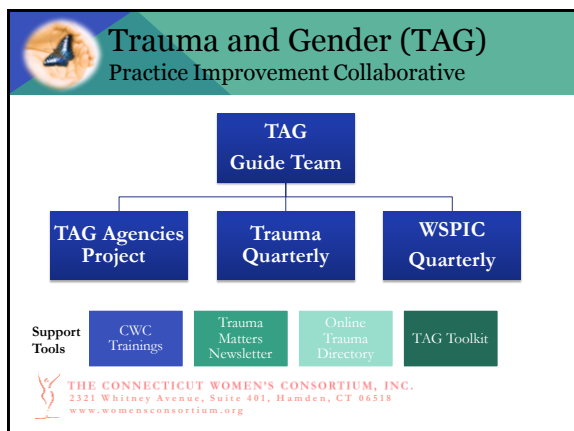
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## Lessons Learned

- Because women and men experience trauma differently, programming should approach treatment differently
- Specific guidelines have been developed for women and all women's programs should use these best practices
- More women have their child with them. Motherhood can be a reason why women are afraid to seek help
- After receiving residential treatment with coordinated discharge planning and community case management, nearly twice as many women had stable housing
- Collaboration across the system improves services

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## Status of the TAG Agencies Project

- 23 agencies completed this 2 year process
- Currently, 12 agencies are at different stages in this process
- In 2015, 4 new agencies will be selected for the newest Cohort
- Currently utilizing "Creating Cultures of Trauma-Informed and Gender-Responsive Care: Program Fidelity Scale"

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## Systems Change... TAG Agency Project



Experts



- The Kickoff event - Creating Cultures of Trauma-Informed Care and Gender-Responsive Care
- Everyone at the table including CEOs, all staff, consumers and peers
- Training in psychological trauma and self-care for all staff
- Technical assistance, progress monitoring, and program evaluation by experts including Stephanie Covington, Steve Bistran, David Howe, Roger Fallot, and Eileen Russo

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### Systems Change... TAG Agency Project (cont.)

- Gender-specific groups
- Consumer feedback including walkthroughs by Advocacy Unlimited
- Staff feedback including staff surveys
- Self-assessment and planning protocols
- Enhanced trauma screening tools
- Trauma-Informed, Gender-Responsive Fidelity Scale
- TAG Toolkit

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### Suggested Action Steps and Strategies

- Accessing new and additional training for all staff
  - Trauma Training
  - Gender-Responsive Training
  - Skills Training
- Provide trauma-specific groups, services, or treatment
- Review research and publications on Trauma-Informed and Gender-Responsive practices
- Change policies and documents
- Create trauma-informed physical spaces
- Focus on safety in the environment (cont.)

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### Suggested Action Steps and Strategies (cont.)

- Consider adding trauma-informed and gender-responsive elements into the mission statement, goals and objectives of the agency
- Involve those you serve in determining solutions, and allow clients to give feedback about services
- Sustainability: Include trauma-informed and gender-responsive care in future development processes
- Develop a disaster plan and procedure



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### In Conclusion

**“Our prime purpose in this life is to help others and if you can’t help them at least don’t hurt them.”**

*-Dalai Lama*

**Thank you to Olivia Yetter at the CWC!**



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